

**LOS ANGELES REGIONAL WATER QUALITY CONTROL BOARD
UNDERGROUND STORAGE TANK PROGRAM
FILE REVIEW APPOINTMENT FORM**

SECTION A: TO BE COMPLETED BY REGIONAL BOARD FILE REVIEW STAFF

APPOINTMENT DATE:	APPOINTMENT TIME:	STAFF CONTACT:
CASE FILE LOCATION:	CASE FILE PULLED BY:	DATE CASE FILE PULLED:

REGIONAL BOARD – UGST REQUESTED CASE FILE INFORMATION

REGIONAL BOARD FILE NUMBER:
SITE ADDRESS:
NUMBER OF CASE FILE FOLDERS:
NUMBER OF CASE FILE WALLETS:

SECTION B: TO BE COMPLETED BY REGIONAL BOARD FILE REVIEW STAFF AND/OR FILE REVIEWER

PERSON(S) REVIEWING AND/OR COPYING UGST CASE FILE(S)	REPRESENTING	TELEPHONE NUMBER

PURPOSE FOR FILE REVIEW:

I CERTIFY THAT I HAVE NOT AND WILL NOT:

- TAKE REGIONAL BOARD CASE FILES APART (UNBIND, UNSTAPLE, ETC.);
- REMOVE REGIONAL BOARD CASE FILES FROM THE PREMISES;
- REMOVE DOCUMENTS FROM THE REGIONAL BOARD CASE FILE;
- INSERT DOCUMENTS INTO THE REGIONAL BOARD CASE FILE;
- DESTROY OR DAMAGE ANY REGIONAL BOARD CASE FILE.

I FURTHER CERTIFY THAT I HAVE PLACED THE FILE(S) IN THE ORDER AND IN THE CONDITION THEY WERE PROVIDED TO ME.

SIGNATURE OF THE CASE FILE REVIEWER AND/OR COPIER: _____	DATE: _____
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CASE FILE RETURNED TO:	CASE FILE RETURNED BY:	DATE CASE FILE RETURNED:
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